



**OAQ Process Information Application**  
**PI-02D: COMBUSTION – INCINERATORS & COMBUSTORS**

State Form 52538 (2-06)  
**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**IDEM – Office of Air Quality – Permits Branch**  
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Telephone: (317) 233-0178 or  
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[www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)

**NOTES:**

- The purpose of this form is to specify details that pertain only to incinerators and combustors.
- Complete one PI-02D form for each emissions unit. If there are multiple emission units that are identical in nature, capacity, and use, you may use one PI-02D form to summarize the units.
- Detailed **instructions** for this form are available online at [www.in.gov/idem/air/permits/apps/instructions/pi02Dinstructions.html](http://www.in.gov/idem/air/permits/apps/instructions/pi02Dinstructions.html).
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

**PART A: Process Unit Details**

Part A specifies operating information that is unique to incinerators and combustors. Definitions and additional explanation of terminology are included in the instructions for this form.

**1. Unit ID:**

**2. Type of Combustion Unit**

- |   |   |
|---|---|
| <input type="checkbox"/> Commercial or Industrial Solid Waste Incineration: | <input type="checkbox"/> Multiple Chamber<br><input type="checkbox"/> Single Chamber<br><input type="checkbox"/> Part Reclamation<br><input type="checkbox"/> Rack Reclamation<br><input type="checkbox"/> Drum Reclamation<br><input type="checkbox"/> Other Commercial or Industrial Solid Waste Incineration ( <i>specify</i> ): |
|---|---|

- |  |   |
|--|---|
| <input type="checkbox"/> Municipal Waste Combustion: | <input type="checkbox"/> Mass Burn Waterwall<br><input type="checkbox"/> Mass Burn Rotary Waterwall<br><input type="checkbox"/> Mass Burn Refractory Wall<br><input type="checkbox"/> Refuse-Derived Fuel-Fired<br><input type="checkbox"/> Fluidized Bed<br><input type="checkbox"/> Modular Starved Air<br><input type="checkbox"/> Modular Excess Air<br><input type="checkbox"/> Other Municipal Waste Combustion ( <i>specify</i> ): |
|--|---|

- |  |  |
|--|--|
| <input type="checkbox"/> Sewage Sludge Incineration: | <input type="checkbox"/> Multiple Hearth<br><input type="checkbox"/> Fluidized Bed<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Other Sewage Sludge Incineration ( <i>specify</i> ): |
|--|--|

- |  |   |
|--|---|
| <input type="checkbox"/> Hospital/Medical/Infectious Waste Incineration: | <input type="checkbox"/> Controlled Air<br><input type="checkbox"/> Excess Air<br><input type="checkbox"/> Rotary Kiln<br><input type="checkbox"/> Other Hospital/Medical/Infectious Waste Incineration ( <i>specify</i> ): |
|--|---|

☐ Air Curtain Destructor

☐ Other (*specify*):

### PART B: Emission Controls and Limitations

Part B identifies control technology, control techniques or other process limitations that impact air emissions.

**3. Add-On Control Technology:** *Identify all control technologies used for this process. Attach completed CE-01 (unless "none").*

- ☐ None
- ☐ Baghouse / Fabric Filter – Attach CE-02.
- ☐ Electrostatic Precipitator – Attach CE-04.
- ☐ Other (specify): \_\_\_\_\_
- ☐ Cyclone – Attach CE-03.
- ☐ Absorption / Wet Collector / Scrubber – Attach CE-05.
- Attach CE-10.

**4. Control Techniques:** *Identify all control techniques used for this process.*

**5. Process Limitations / Additional Information:** *Identify any acceptable process limitations. Attach additional information if necessary.*

### PART C: Indiana Requirements

Part C identifies the information needed to satisfy the Indiana rule pertaining to incinerators.

**6. Is the unit subject to 326 IAC 4-2?** ☐ Yes ☐ No – Proceed to Part D

**7. Incinerator Design:** ☐ Single Chamber with afterburner

☐ Multiple Chamber

☐ Other (explain below): \_\_\_\_\_

If "other", explain how the design is equivalent.

**8. Manufacturer's Guaranteed Particulate Emission Rate** (specify units and attach the specifications): \_\_\_\_\_

### PART D: Combustion Chamber Details

Part D identifies the details that pertain to the combustion chambers of the incinerator.

|                   | 9. Burner?   | 10. Fuel Used   |
|-------------------|--|---|
| Primary Chamber   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Other – Attach completed PI-02F. |
| Secondary Chamber | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Natural Gas Only <input type="checkbox"/> Other – Attach completed PI-02F. |